

The Essex Resort and Spa
 70 Essex Way
 Essex Junction, VT 05452

Membership Application and Agreement

Applicant Name (Please Print)		
(First)	(Middle)	(Last)
Mailing Address:		
(Street)		
(City)	(State)	(Zip)
Home Telephone: ()		
Work Telephone: ()		
Mobile Telephone: ()		Date of Birth:
Email Address:		
Would you like to receive resort news and member specials via email? (Note: your email address will never be shared with an outside third party.) YES <input type="checkbox"/> NO <input type="checkbox"/>		
For Family and Couple Memberships, please list the names of all additional Members:		
1.	2.	
3.	4.	
5.	6.	
Membership Type:		
Gourmet Single <input type="checkbox"/>	Gourmet Couple <input type="checkbox"/>	Additional Members <input type="checkbox"/>
Aqua Fit Single <input type="checkbox"/>	Aqua Fit Couple <input type="checkbox"/>	Additional Members <input type="checkbox"/>
In an effort to provide exceptional customized service, please indicate what you anticipate your patterns of usage to reflect? I.e. Morning midweek swimming, lunch time fitness, weekend spa services & tennis:		
Payment Type:		Amount paid:
Cash <input type="checkbox"/>		Check <input type="checkbox"/>
Credit Card: Number:		Expiration Date:
Name on Card:		
Member Signature:		
Date Application Completed:		
Authorized by:		
Comments:		